

Triple P Positive Parenting Program: Level 4, Group

Program description:

Triple P – Positive Parenting Program (Level 4 group) is an intensive class-based parenting program for families of children with more challenging behavior problems. The focus is learning skills and role-playing strategies to cope with and correct behavior problems.

Typical age of primary program participant: 5

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
			ES	SE	p-value	First time ES is estimated			Second time ES is estimated		
						ES	SE	Age	ES	SE	Age
Disruptive behavior disorder symptoms	P	9	-0.49	0.09	0.00	-0.24	0.09	5	-0.10	0.04	10

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits					Costs	Summary Statistics			
	Participants	Tax-payers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Investment	Benefits Minus Costs	Probability of a positive net present value
		\$428	\$696	\$640	\$348	\$2,112	-\$375	\$5.63	25%	\$1,737

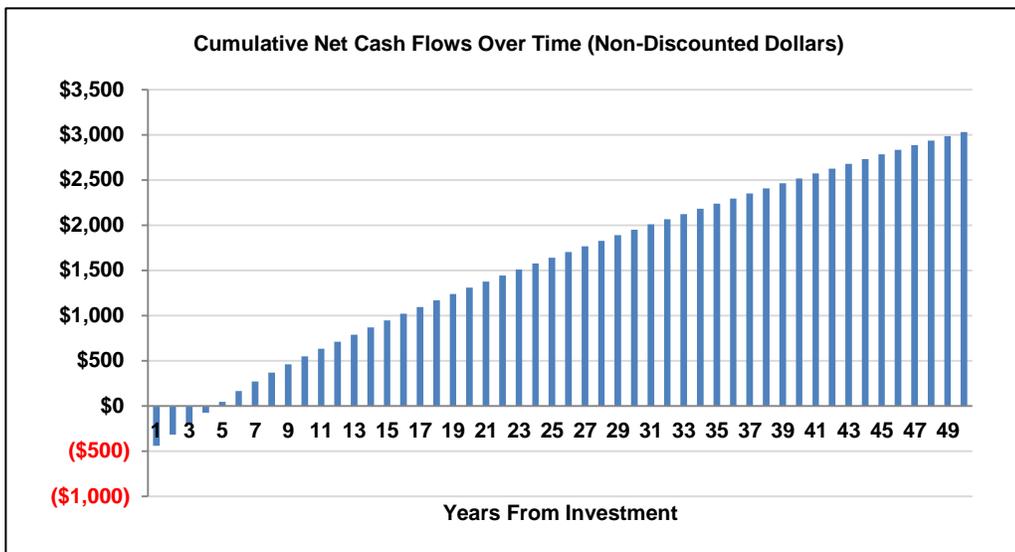
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to:				Total Benefits
	Participants	Tax-payers	Other	Other Indirect	
Crime	\$0	\$22	\$61	\$11	\$94
Earnings via high school graduation	\$233	\$86	\$0	\$43	\$361
Health care costs for disruptive behavior symptoms	\$195	\$588	\$579	\$294	\$1,656

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or - %)
		\$367	1	2010	\$0	1	2010	\$375

Source: Based on current Washington expenditures per family for individual behavioral treatment with Triple P, under the assumption that with group training, eight families could receive training at the same time from the same therapist. We also added an estimated cost for venue rental (a cost that is unnecessary when conducting the program with individual families).



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	1.00
2- Well-implemented comparison group design, often with many statistical controls.	1.00
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	1.00
4- Random assignment, with some RA implementation issues.	1.00
5- Well-done random assignment study.	1.00
Program developer = researcher	0.64
Unusual (not "real world") setting	1.00
Weak measurement used	0.5

Adjustment factors were generated by examining studies for the treatment of children or adolescents with disruptive behavior problems. Meta-regressions were conducted to test for the impact of different methodological factors on unadjusted effect size. Because research design rating and unusual setting were not significant predictors of effect size, multipliers of 1.0 were assigned. The involvement of a program developer in the research study was a statistically significant predictor of effect size, indicating that such studies had larger effects than studies in which the developer was not involved. This coefficient was used to determine the 0.64 multiplier. Finally, we coded as weak measures outcomes that were based solely on the report of individuals who were involved in the intervention (such as parents in a parenting program). Due to concern that such measures might be biased in favor of the programs reviewed, we used the standard Institute multiplier (0.5).

Studies Used in the Meta-Analysis

Hahlweg, K., Heinrichs, N., Kuschel, A., Bertram, H., & Naumann, S. (2010). Long-term outcome of a randomized controlled universal prevention trial through a positive parenting program: Is it worth the effort? *Child and Adolescent Psychiatry and Mental Health, 4*, 14-27.

Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process, 42*(4), 531-544.

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Morawska, A., & Sanders, M. (2009). An evaluation of a behavioural parenting intervention for parents of gifted children. *Behaviour Research and Therapy, 47*(6), 463-470.

Sanders, M. R., Markie-Dadds, C., Tully, L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*(4), 624-640.

Turner, K. M. T., Richards, M., & Sanders, M. R. (2007). Randomised clinical trial of a group parent education programme for Australian indigenous families. *Journal of Paediatrics and Child Health, 43*(6), 429-437.

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Zubrick, S. R., Ward, K. A., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., et al. (2005). Prevention of child behavior problems through universal implementation of a group behavioral family intervention. *Prevention Science, 6*(4), 287-304.